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APPLICANTS

Jorge I. Bassuk, Coconut Grove, FL;

Jose A. Adams, Miami, FL;

** CONTINUING DATA *****

*No**Yes*

** FOREIGN APPLICATIONS *****

*No**Yes*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/14/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Jorge I. Bassuk</i> Examiner's Signature	Initials	2	5	1

ADDRESS

21917
 MCRALE & SLAVIN, P.A.
 2855 PGA BLVD
 PALM BEACH GARDENS , FL
 33410

TITLE

Combined horizontal and vertical CPR device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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